

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Bureau of Program Quality*



***QUALITY SERVICE REVIEW***

**Final Report for**  
***Center for Life Management***

Issued March 22, 2021

## ***Acknowledgements***

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The Department of Health and Human Services, Bureau of Program Quality (BPQ) acknowledges the significant effort the Center for Life Management staff made to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. BPQ also thanks the CMHC QSR review team, which included staff from BPQ and staff from the Bureau of Mental Health Services.

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## ***Acronyms***

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ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
BPQ	Bureau of Program Quality
CII	Client Interview Instrument
CLM	Center for Life Management
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OCR	Overall Client Review
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

## ***Executive Summary***

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The NH Department of Health and Human Services (DHHS), Bureau of Program Quality (BPQ) developed a Quality Service Review (QSR) process, in consultation with Representatives of the Plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, BPQ developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 quality indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted Center for Life Management's (CLM) QSR remotely from November 13 through November 20, 2020. The first three days consisted of record reviews conducted remotely and the final three days consisted of client and staff interviews conducted remotely by phone or video call. The CLM QSR sample included 18 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of November 1, 2019 through November 12, 2020. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

CLM received a score of 80% or greater for 16 of 18 quality indicators. The following two quality indicators were identified as areas in need of improvement:

Quality Indicator 8: Adequacy of employment assessment/screening

Quality Indicator 18: Successful transition/discharge from inpatient psychiatric facility

CLM is required to submit a Quality Improvement Plan to DHHS for each of the two quality indicators identified as needing improvement.

**Table 1: Center for Life Management QSR Summary Results**

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	18	97%	No	4
2. Appropriateness of treatment planning	18	91%	No	3
3. Adequacy of individual service delivery	18	87%	No	6
4. Adequacy of housing assessment	18	100%	No	1
5. Appropriateness of housing treatment planning	18	94%	No	1
6. Adequacy of individual housing service delivery	18	85%	No	3
7. Effectiveness of the housing supports provided	18	85%	No	5
8. Adequacy of employment assessment/screening	18	78%	Yes	2
9. Appropriateness of employment treatment planning	12*	83%	No	1
10. Adequacy of individualized employment service delivery	14*	82%	No	2
11. Adequacy of assessment of social and community integration needs	18	100%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	18	84%	No	13
13. Adequacy of crisis assessment	8*	88%	No	4
14. Appropriateness of crisis plans	18	97%	No	2
15. Comprehensive and effective crisis service delivery	8*	81%	No	5
16. Adequacy of ACT screening	18	100%	No	2
17. Implementation of ACT Services	6*	83%	No	4
18. Successful transition/discharge from inpatient psychiatric facility	8*	73%	Yes	7

\* Individuals not applicable to the quality indicator were excluded from scoring.

## ***I. Background***

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State collects and analyzes data to: identify strengths and areas for improvement at the individual, provider, and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration, and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).

## ***II. Purpose***

The NH Department of Health and Human Services (DHHS), Bureau of Program Quality (BPQ) developed a QSR process in consultation with Representatives of the Plaintiffs and the Expert Reviewer to evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly data reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.



### ***III. QSR Process Overview***

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC and BPQ. During the on-site period, daily contact occurs with QSR reviewers to ensure consistent practice and inter-rater reliability, and assistance is sought from the CMHC staff if needed. During the post on-site period, follow-up tasks required of the CMHC are completed and BPQ commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

### ***IV. QSR Methodology***

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission

Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

### **Sample Size and Composition**

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Sample lists may then be reviewed to determine if there are individuals who had admissions at inpatient behavioral health units other than New Hampshire Hospital and the Designated Receiving Facilities, and those individuals are moved to the ACT/IPA and NO ACT/IPA lists as appropriate. Additionally, information gathered during the interview scheduling and site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

Evidence during the first year of administering the QSR demonstrated that the final sample category re-assignment tended toward re-assignment into the fourth *No ACT/No IPA* sample category identified above. This resulted in an over-representation of the *No ACT/No IPA* sample category at the completion of the QSR. As a result, the CMHC is now provided only with individuals assigned to the first three sample categories, *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA*, unless the CMHC has smaller sample lists and exhausts those lists prior to successfully scheduling a full number of individuals to be interviewed. This approach promotes a more balanced representation in all four categories once the final re-assignment of the categories is made at the completion of the QSR.

## **Data Sources**

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff are given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

## **Scoring**

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a "YES." The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual's needs and preferences (performance measure 1a), identify an individual's strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as "YES" (positive) or "NO" (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as "YES." The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: QSR Abbreviated Master Instrument). In some cases, the individual’s response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual; therefore, the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable quality indicators, e.g., OCR Q1 “Is the frequency and intensity of services consistent with the individual’s demonstrated need?” is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: QSR Abbreviated Master), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC’s compliance with the CMHA substantive provisions (see CMHA

Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of “YES” measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

- Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;
- Housing Services and Supports: Quality Indicators 4, 5, 6, and 7;
- Employment Services and Supports: Quality Indicators 8, 9, and 10;
- Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12;
- Crisis Services and Supports: Quality Indicators 13, 14, and 15;
- ACT Services: Quality Indicators 16, and 17; and
- Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18.

## **QSR Findings and Conclusions**

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data and may inform particularly low scoring measures within a quality indicator or outlier data. Conclusions include an assessment of the CMHC’s achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

## **Quality Improvement Plan and Monitoring**

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for BPQ to consider prior to issuing the final report. The final report is distributed to the CMHC, Representatives of the Plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any quality indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY18, less than 75% for SFY19, and less than 80% for SFY20 and subsequent years. The

CMHC has 30 calendar days to submit a QIP to DHHS for review by the BMHS Director and the BPQ Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and BPQ each quarter. BMHS and BPQ will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 80% or greater.

## ***V. Center for Life Management QSR Findings***

### **Center for Life Management QSR Overview**

The CLM QSR was conducted remotely. Additional information about CLM is found in Appendix 4: Agency Overview. Two hundred eighty-six CLM individuals met the QSR sample criteria. Twenty-three eligible individuals were drawn at random from the *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* categories to be interviewed. However, only 18 individual interviews were completed as some individuals had personal emergencies arise, were in crisis/inpatient at the time of the QSR, or had changed their mind about interviewing with DHHS. Information gathered during the scheduling and site review resulted in some individuals being re-assigned to a different (the accurate) sample category, which changed the final number of individuals in each category. Table 2 shows the distribution of individuals by the sample categories as originally provided and the final adjusted groupings after interviews were completed.

**Table 2: Number of Individuals by Category**

	<b>FULL SAMPLE</b>		<b>INDIVIDUALS INTERVIEWED</b>	
<b>CATEGORY</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
ACT/IPA	5	2%	0	0%
ACT/NO IPA	43	15%	6	33%
NO ACT/IPA	8	3%	8	44%
NO ACT/NO IPA	230	80%	4	22%
<b>Total</b>	<b>286</b>	<b>100%</b>	<b>18</b>	<b>99%†</b>

† Percentage does not add up to 100% due to rounding.

The CLM Quality Service Review included a review of 23 clinical records, 18 individual interviews and 20 staff interviews. Table 3 shows the distribution of interview and record review activities.

**Table 3: Review Activities**

	<b>Number In Person</b>	<b>Number By Video Conference</b>	<b>Number By Phone</b>	<b><i>Total</i></b>
Individuals Interviewed	0	0	18	18
Staff Interviewed	0	16	4	20
Clinical Records Reviewed	23	NA	NA	23

From November 13 through November 20, 2020, four teams consisting of staff from BPQ and DBH completed the remote collection processes. Data was collected for the review period of November 1, 2019 through November 12, 2020. Following the remote review, the QSR data was scored. Analysis of the scores was then completed.

A year-to-year comparison of CLM's results are reported in Appendix 5: Year-to-Year Comparison. Of note, the threshold score for SFY18 was 70%, SFY19 was 75% and the threshold for SFY20 and subsequent years is 80%.

## **Center for Life Management Scores**

### **ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY**

Quality Indicator 1 corresponds to CMHA section VII.D.1. CLM was evaluated for the adequacy of each individual's assessment and the resultant treatment planning and service delivery received. In addition to determining the CMHC's compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual's strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual's needs and goals.

#### **Quality Indicator 1: Adequacy of Assessment**

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and

identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual's specific needs, strengths, and preferences, and is conducted face-to-face.

Eighteen individuals were scored for Quality Indicator 1. CLM received a score of 97%. Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d. Individuals were scored as follows:

	YES	NO
<b>Measure 1a:</b> Assessments identify individual's needs and preferences	18	0
<b>Measure 1b:</b> Assessments identify individual's strengths	18	0
<b>Measure 1c:</b> Assessment information was gathered through face to face appointment(s) with the individual	18	0
<b>Measure 1d (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	16	2

### **Additional Results**

- CLM uses the Adult Needs and Strengths Assessment (ANSA) to assess individuals' needs and strengths (CRR Q4). All 18 records had areas within the strength section scored (CRR Q6).
- Staff indicated that at least part of the assessment process was done through a direct collaborative process with the individual with all 18 the individuals interviewed (SII Q2).
- Five of 18 individuals had treatment plans in which there were one or more treatment plan goals without related identified needs found in the ANSA, case management assessment, or other comparable assessment (CRR Q10).
- Overall, two individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3). These included case management, medication management, supported employment, and therapy. One or more services were reported to have been discussed with both individuals but had not been provided to them due to reported barriers related to staffing as well as insurance (OCR Q4).



## Quality Indicator 2: Appropriateness of Treatment Planning

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals.<sup>1</sup> Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Eighteen individuals were scored for Quality Indicator 2. CLM received a score of 91%. Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
<b>Measure 2a:</b> Treatment planning is appropriately customized to meet individual's needs and goals	17	1
<b>Measure 2b:</b> Treatment planning is person-centered and strengths based	16	2
<b>Measure 2c (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	16	2

## Additional Results

- If the ANSA or comparable assessment identifies mental health needs for an individual, the treatment plan and case management plan are then reviewed to see if CLM has established a goal or plan to address the identified needs. Sixteen individuals were found to have at least 70% of their identified mental health needs addressed through their case management plans or treatment plans. Two individuals had less than 70% of their identified mental health needs addressed in either their case management plans or treatment plans (CRR Q9).
- The QSR also looks at the reverse, reviewing each goal in the ISP/treatment plan and determining if there is a related identified need in the case management assessment or the ANSA or other comparable assessment. Thirteen individuals were found to have identified needs relating to all of their treatment goals; five individuals had one or more treatment plan goals that were not aligned with any of their identified needs in the case management assessment, ANSA, or other comprehensive assessment used (CRR Q10).

- From the review of individuals' quarterly assessments, nine individuals had quarterlies that identified that a modification or change in treatment or services was needed. There was evidence to support that the identified modifications were made for eight of nine individuals (CRR Q15).
- The clinical record contained documentation of quarterly reviews having been completed for all quarters that fell within the period under review for all 18 individuals (CRR Q16).
- All 18 individuals responded they talked with CLM staff in the past 12 months about their needs and goals (CII Q1), many saying they did so as often as weekly (CII Q2). One individual felt he/she did not speak often enough with staff about his/her needs and what he/she wanted to work on (CII Q3).
- Sixteen of 18 individuals responded staff actively work with them on their goals (CII Q5).
- Of the 18 individuals interviewed, 17 individuals indicated they were able to effectuate change to their treatment plans (CII Q8). Fourteen individuals had an understanding of how their treatment plan was able to help them (CII Q9).
- Five individuals stated there were people they wished had been involved in their treatment planning who were not (CII Q7). These people included additional staff from CLM, former treatment providers, and law enforcement.
- The clinical records contained documentation of nine of 18 individuals having signed or verbally acknowledged their most recent ISP/treatment plan (CRR Q12). Due to COVID-19, BMHS has waived the signature requirement<sup>2</sup> and is accepting documented verbal acknowledgement as an alternative to a physical signature. Of the nine documented signatures, seven were signatures and two were verbal acknowledgements. All 18 ISP/treatment plans included the individuals' strengths (CRR Q13); and 16 of 18 ISP/treatment plans were written in plain language (CRR Q14).
- All individuals interviewed indicated they were involved in their treatment planning and goal setting (CII Q6).
- Overall, two individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3). These included case management, medication management, supported employment, and therapy. One or more services were reported to have been discussed with both individuals but had not been provided to them due to reported barriers related to staffing as well as insurance (OCR Q4).

### Quality Indicator 3: Adequacy of Individual Service Delivery

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual's strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Eighteen individuals were scored for Quality Indicator 3. CLM received a score of 87%. Eight individuals had all services on their treatment plan prescribed "as needed" or at a "0-x" frequency, and were therefore not applicable for Measure 3c. Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
<b>Measure 3a:</b> Services are delivered with the appropriate intensity, frequency, and duration	15	3
<b>Measure 3b:</b> Service delivery is flexible to meet individual's changing needs and goals	15	3
<b>Measure 3c:</b> Services are delivered in accordance with the service provision(s) on the treatment plan	10	0
<b>Measure 3d (OCR Q1):</b> Frequency and intensity of services are consistent with individual's demonstrated need	16	2
<b>Measure 3e (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	16	2
<b>Measure 3f (OCR Q5):</b> Services and supports ensure health, safety, and welfare	16	2

### Additional Results

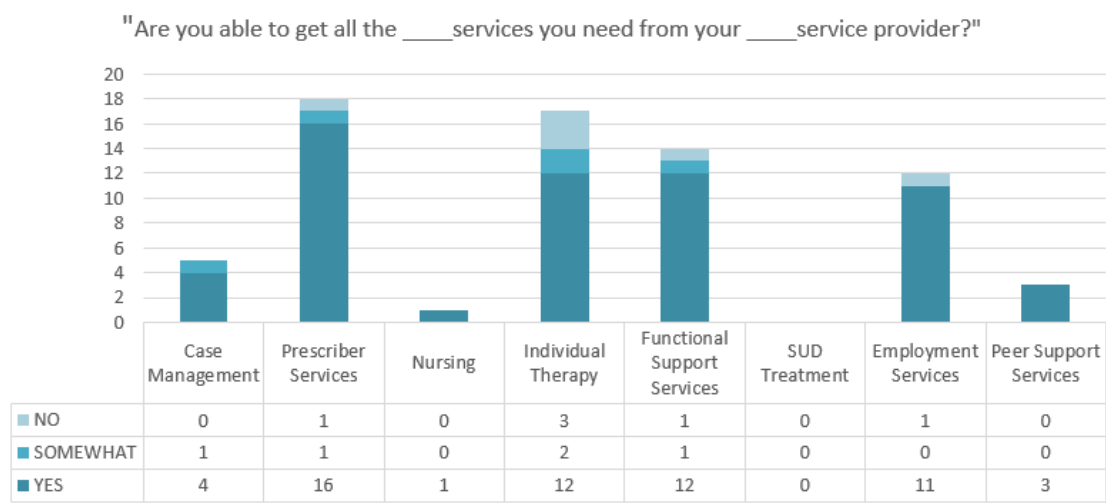
- Individuals are asked if they are able to get all the services and supports needed to meet their current needs and achieve their goals. Sixteen individuals responded they are able to get all the services and supports they need to meet their current needs and achieve their goals; one individual responded he/she is "somewhat" able to get all the services and supports he/she needs to meet his/her current needs and achieve his/her goals; one individual responded that he/she is unable to get all the services and supports needed to meet his/her current needs and

achieve his/her goals (CII Q19). Of the two individuals who responded “somewhat” or “no”, one individual named specific service/support areas that he/she needed more help with from CLM, which included having unmet functional support and therapy needs (CII Q20).

- Staff acknowledged there were one or more services that three of the 18 individuals were not receiving at the frequency prescribed on their treatment plan (SII Q5). Of those three individuals, staff indicated that one individual was declining one or more of the services (SII Q6).
- Documentation in the clinical records indicated that none of the individuals were receiving 70% or more of their services at the frequency prescribed on their treatment plans (CRR Q11). Staff provided appropriate reasons for why some services were not provided at the frequency prescribed for eight of 10 individuals (SII Q7). Eight individuals had all services prescribed “as needed” or with a “0-x” frequency so they were not able to be reviewed to determine if services were delivered at prescribed frequency. Additionally, three individuals were reported to be declining one or more of their services.
- Overall, two individuals reviewed were not receiving services at a frequency and intensity consistent with their demonstrated needs (OCR Q1). Their services were prescribed “as needed” or “as medically necessary”, making it difficult to determine the actual needed frequency. These included medication management and therapy (OCR Q2).
- Overall, two individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3). These included case management and supported employment. One or more services were reported to have been discussed with both individuals but had not been provided to them due to reported barriers related to staffing as well as insurance (OCR Q4).
- Overall, two individuals reviewed were observed to not be receiving all needed services to ensure health, safety, and welfare (OCR Q5). One individual had multiple hospitalizations and demonstrated a need for a higher frequency and intensity of services to meet clinical needs. Another individual has been difficult to engage in services, despite both client and staff acknowledging that services such as therapy, medication management, case management, and supported employment are needed. The CMHC has been making efforts to re-connect and engage with the client; however the client is in jeopardy of having his/her services closed due to lack of engagement (OCR Q6).

- Individuals are asked if they are able to get all the supports and services they need from specific staff roles, based upon which services are prescribed on their treatment plan or in which they are interested (CII Q11, CII Q12, CII Q13, CII Q14, CII Q15, CII Q61, CII Q108). Individuals were most satisfied with employment related services and peer support services, with 11 of 12 individuals and all three individuals respectively stating they received the services needed. Individuals were least satisfied with their therapy services, with five of 17 individuals stating that they did not get all the therapy related services needed (See Figure 1).

**Figure 1: Ability to Get All the Supports and Services Needed**



## HOUSING SERVICES AND SUPPORTS

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act's anti-discriminatory provision as follows: "A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities," meaning "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."<sup>3</sup>

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and

interventions support the individual's ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

#### **Quality Indicator 4: Adequacy of Housing Assessment**

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual's housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Eighteen individuals were scored for Quality Indicator 4. CLM received a score of 100%.

Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
<b>Measure 4a:</b> Individual housing needs are adequately identified	18	0

#### **Additional Results**

- Both the ANSA and case management assessments supported that individuals' housing needs were routinely assessed. ANSAs were found for all 18 individuals (CRR Q4), and case management assessments were found for 16 of 18 individuals (CRR Q1). Collectively, all 18 individuals were assessed for housing needs by one or both of these means (CRR Q19, CRR Q20).
- Fifteen individuals reviewed had housing needs identified in either the ANSA or the case management assessment (CRR Q21)

#### **Quality Indicator 5: Appropriateness of Housing Treatment Planning**

Quality Indicator 5 corresponds to CMHA section V.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Eighteen individuals were scored for Quality Indicator 5. CLM received a score of 94%. Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
<b>Measure 5a:</b> Treatment Plans are appropriately customized to meet individual's housing needs and goals	17	1

### **Additional Results**

- Fifteen of 18 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q21). Of those 15 individuals, 13 individuals had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); and all 13 individuals had housing goals in alignment with their assessed housing needs (CRR Q28).
- Housing related goals and plans appeared to be specific to the individual, and avoided generic language such as “assess, link, monitor and refer” (CRR Q25). Goals about maintaining housing tended to include detail related to the location of the housing, the assistance required to achieve these goals around maintaining housing, and the reason/assessed need related to these goals.

### **Quality Indicator 6: Adequacy of Individual Housing Service Delivery**

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her housing goals.

Eighteen individuals were scored for Quality Indicator 6. CLM received a score of 85%. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
<b>Measure 6a:</b> Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual's changing needs and goals	17	1
<b>Measure 6b:</b> Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	13	5

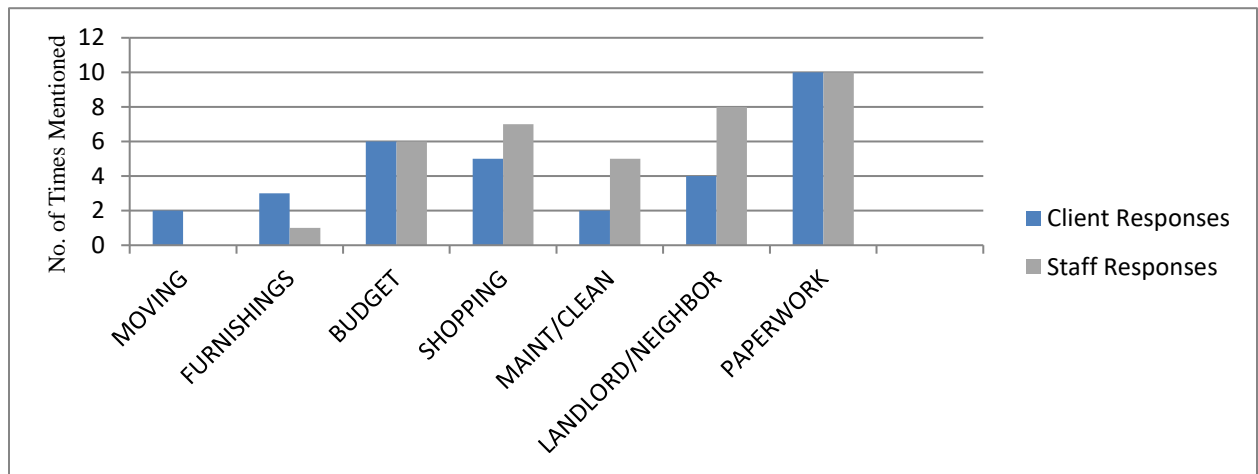
<b>Measure 6c: (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	16	2
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### **Additional Results**

- All 13 individuals with housing goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24) were receiving housing related services (CRR Q26); and all 13 were receiving housing services that were in alignment with their housing goals and/or needs (CRR Q28).
- Four individuals did not feel that they were able to get all the housing supports they needed (CII Q43). Five individuals felt they did not receive housing supports and services as often as they needed (CII Q44). Four individuals did not feel that they had enough support to achieve their housing goals (CII Q45). Comments from individuals regarding what else was needed to reach their housing goals included needing more case management support around filling out housing paperwork and applications and help finding housing. One individual reported having not heard from his/her social worker in some time and had some related unaddressed needs. It was not clear if the individual was referencing CMHC staff (CII Q45).
- Overall, it was determined that 16 individuals were receiving services adequate to obtain and maintain stable housing (OCR Q9). Two individuals had housing but were at risk of losing housing. To maintain stable housing, one individual reported needing more assistance from CLM to help address escalating relations with neighbors and required assistance in feeling safer in his/her current location. The other individual who had recently lost employment, required assistance with accessing resources to help fund rent and utilities.
- The most common housing services received by individuals were help with housing related paperwork, budgeting, and landlord or neighbor relations (SII Q30, CII Q42) (see Figure 2).



**Figure 2: Most Common Housing Services and Supports Received**



### Quality Indicator 7: Effectiveness of Housing Service Delivery

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

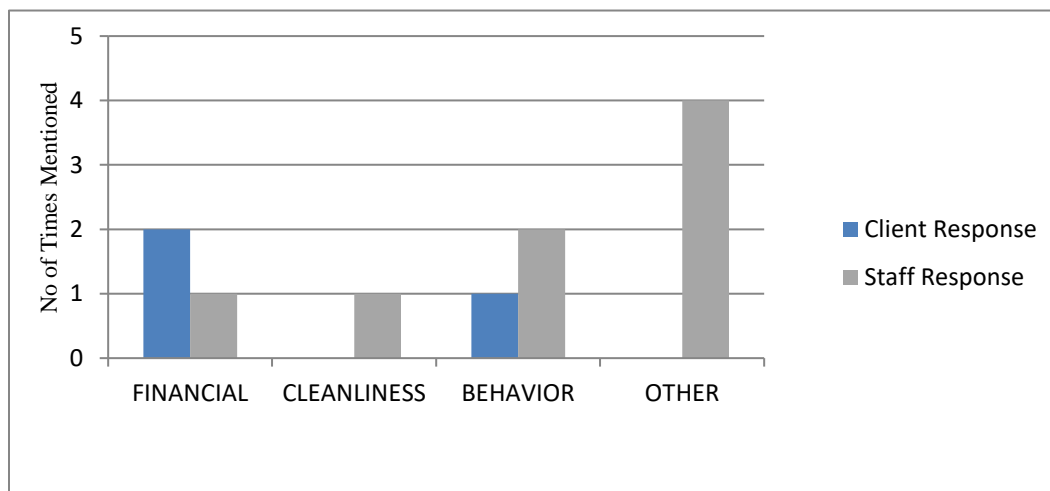
Eighteen individuals were scored for Quality Indicator 7. CLM received a score of 85%. Quality Indicator 7 consists of Measures 7a-7e. Of the 18 individuals interviewed, 11 individuals were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

	YES	NO
<b>Measure 7a:</b> Housing supports and services enable individual to meet/progress towards identified housing goals	13	5
<b>Measure 7b:</b> Housing supports and services enable individual to maintain safe housing	17	1
<b>Measure 7c:</b> Housing supports and services enable individual to maintain stable housing	17	1
<b>Measure 7d:</b> Housing supports and services enable individual to be involved in selecting housing	4	3
<b>Measure 7e (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	16	2

## **Additional Results**

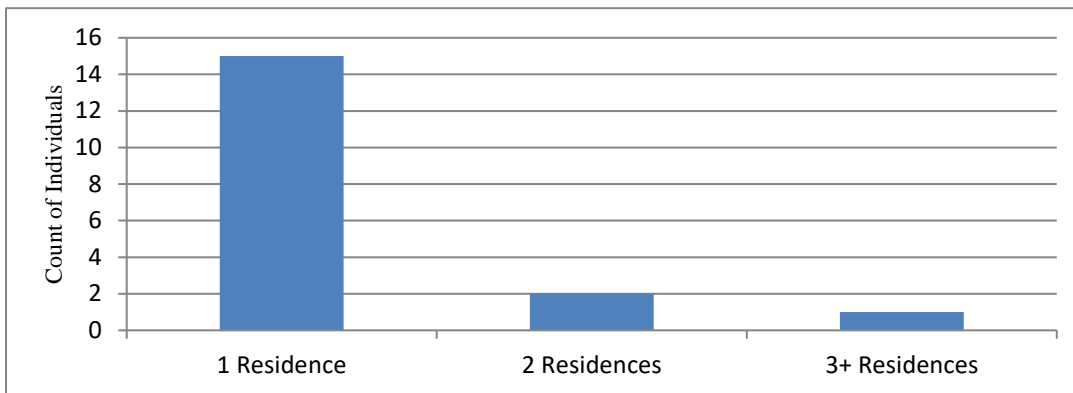
- Three individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q29). Staff responded being aware of a safety concern related to housing for one of the three individuals who self-identified safety concerns as well as three additional individuals (SII Q22). One individual and no staff identified the safety concerns as being current (CII Q30, SII Q23). The most common reasons reported for safety concerns were fear for personal/physical safety, living in an environment with vermin, and having potentially unsafe people in or around the premises.
- All 18 individuals are living in independent private residences (CII Q27, SII Q20).
- One individual responded he/she was homeless at some point in the past 12 months (CII Q33).
- Seven unduplicated individuals were at risk of losing housing in the past 12 months per individual and staff responses (CII Q31, SII Q24). Issues most often reported as causing the risk of losing housing included inability to afford rent and/or utilities and the individual's behavior. such as smoking in the residence, excessive noise, or fighting (CII Q32, SII Q25) (see Figure 3).

**Figure 3:** Reasons for Being at Risk of Losing Housing in the Past 12 Months



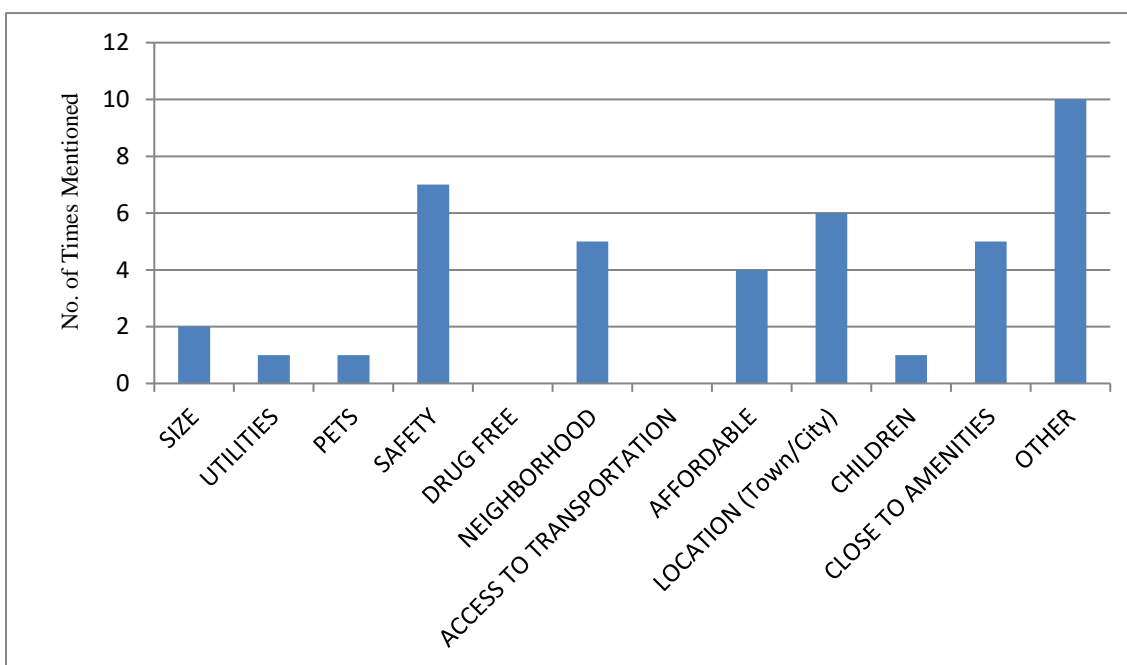
- Fifteen of 18 individuals had lived in the same residence for the past year or more (CII Q34) (see Figure 4).

**Figure 4: Places Lived in the Past Year**



- The most common responses made by individuals regarding the factors most important to them when choosing a place to live was related to the location and how safe it was (CII Q40). Some of the more specific reasons given that were categorized as “other” were a place that is comfortable, clean, quiet with privacy, a place with a dishwasher, a place which is handicap accessible, a first floor unit (see Figure 5).

**Figure 5: Preferences When Choosing Where to Live**



- Overall, it was determined that 16 individuals were receiving services adequate to obtain and maintain stable housing (OCR Q9). Two individuals had housing but were at risk of losing housing. To maintain stable housing, one individual reported needing more assistance from CLM to help address escalating relations with neighbors and required assistance in feeling

safer in his/her current location, and the other individual who had recently lost employment, required assistance with accessing resources to help fund rent and utilities.

- One or more individuals had additional information they chose to share regarding housing services (CII Q46).

“My case manager is so wonderful; it’s not even funny! They have a wonderful housing program. They coordinate with the state and read all the documents and take pressure off the client by helping us understand.”

“I just wish they checked in on it more.”

## **EMPLOYMENT SERVICES AND SUPPORTS**

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

### **Quality Indicator 8: Adequacy of Employment Assessment/Screening**

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual’s interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual’s employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Eighteen individuals were scored for Quality Indicator 8. CLM received a score of 78%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 18 individuals interviewed, six individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable only if individuals were enrolled in

Supported Employment during the period under review (CRR Q29). Individuals were scored as follows:

	YES	NO
<b>Measure 8a:</b> Individual employment needs are adequately identified	17	1
<b>Measure 8b:</b> Individual received a comprehensive assessment of employment needs and preferences when applicable	6	6

### **Additional Results**

- Two of 18 individuals responded they had not been asked by CLM staff in the past 12 months about their employment goals or interests (CII Q52).
- There was evidence in the clinical record that all 18 individuals had been assessed/screened for employment needs (CRR Q30, CRR Q31).
- Of the 12 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q54), one individual did not have employment needs identified in either the ANSA or the case management assessment (CRR Q32).
- Twelve individuals were enrolled in supported employment during the period under review (CRR Q29), 11 individuals had a completed comprehensive employment assessment (vocational profile) (CRR Q37). Of the 11 employment assessments (vocational profiles) completed, five did not include the individual's employment strengths (CRR Q38).

### **Quality Indicator 9: Appropriateness of Employment Treatment Planning**

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Twelve individuals were scored for Quality Indicator 9. CLM received a score of 83%. Quality Indicator 9 consists of Measure 9a. Of the 18 individuals interviewed, six individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services (CII Q54). Individuals were scored as follows:

	YES	NO
<b>Measure 9a:</b> Treatment plans are appropriately customized to meet individual's changing employment needs and goals	10	2

### **Additional Results**

- Twelve individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), and all 12 individuals described interest in receiving help and services that would be provided by CLM (CII Q54); staff were aware of this interest for 10 of the 12 individuals (SII Q42). Of the 12 individuals who expressed interest in receiving help with finding or keeping a job, nine individuals had employment-related goals, as evidenced by their treatment and/or case management plans (CRR Q34, CRR Q35).
- In total, 11 individuals had employment related goals or plans, regardless of expressed interest (CRR Q34, CRR Q35), and these goals or plans were in alignment with assessed needs for all 11 individuals (CRR Q41). Of the three individuals who were interested in receiving help related to finding and/or keeping a job but did not have documented employment plans/goals, two individuals had neither needs nor goals identified and one individual had a need identified but no plans or goals to address the need (CRR Q32, CRR Q34, CRR Q35).
- Eleven individuals had Supported Employment listed as a prescribed service on their treatment plans (CRR Q11), and all 11 individuals had been enrolled in SE during the past 12 months (CRR Q29). A total of 12 individuals had been enrolled in SE during the past 12 months (CRR Q29). One of the 12 individuals expressed that he/she was not interested in receiving help in finding or maintaining a job, and had not been interested in the past 12 months (CII Q53).
- All seven individuals who reported that their employment related needs or goals had changed at some point during the past 12 months (CII Q58) had discussed these changes with CLM staff (CII Q59); six of the seven individuals felt that CLM staff had helped them with their changed employment needs or goals (CII Q60).

### **Quality Indicator 10: Adequacy of Individualized Employment Service Delivery**

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided

with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her identified employment goals.

Fourteen individuals were scored for Quality Indicator 10. CLM received a score of 82%.

Quality Indicator 10 consists of Measure 10a and Measure 10b. Individuals were scored for the indicator if at least one of the two measures applied to them. Of the 18 individuals interviewed, six individuals were considered not applicable for Measure 10a because they reported not being interested in employment or were not receiving employment support services during the period under review (CII Q53, CRR Q29). Of the 18 individuals interviewed, seven individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q34, CRR Q35). Accordingly, the additional results below are based upon the number of individuals the data points apply to, respectively. Individuals were scored as follows:

	YES	NO
<b>Measure 10a:</b> Service delivery is provided with the intensity, frequency, and duration needed to meet individual's changing employment needs	11	1
<b>Measure 10b:</b> Services and supports are meeting individual's employment goals	9	2

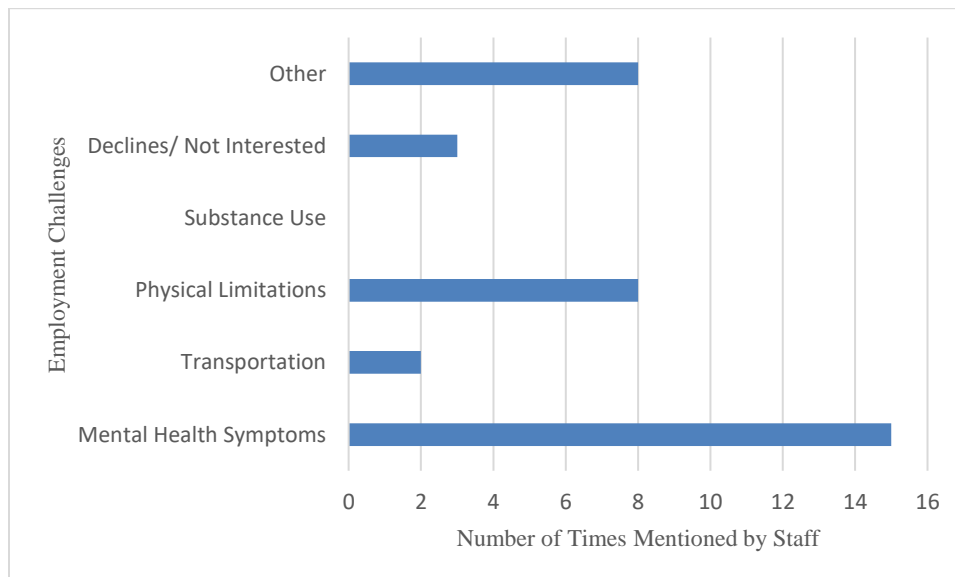
### **Additional Results**

- Eleven of 18 individuals had supported employment (SE) prescribed on their treatment plans. Of those 11, six individuals were not receiving services at the frequency prescribed on the treatment plan (CRR Q11). One individual was receiving SE at the frequency prescribed and four individuals had SE prescribed "as needed" or with a "0-x" frequency.
- One individuals responded he/she needed additional employment related services from CLM (CII Q61). One individual responded he/she was not getting employment supports and services *as often* as he/she felt was needed (CII Q62).
- Individuals are asked if they have enough support to achieve their employment goals. All but one individual felt that they did (CII Q63). One individual expressed needing more assistance in finding a job (CII Q63). Six of the 11 individuals who had SE prescribed on their treatment plan reported being unemployed (CII Q47, CRRQ11). Types of employment services provided included job search, assistance with job applications, meeting with vocational rehabilitation, discussion of pros and cons of employment, role playing

interviews, discussing appropriate clothing for interviews and jobs, and screening for employment needs (CRR Q40).

- Six of 18 individuals reported being employed (CII Q47); all six individuals reported having a competitive job (CII Q48). Three individuals work full-time and three individuals work part-time (CII Q49), and three individuals expressed they are interested in working more hours (CII Q51). For the purposes of this report, 20 hours or more is considered full-time, and less than 20 hours is considered part-time.
- For the 16 individuals who had employment needs identified in the ANSA or case management assessment (CRR Q32), and/or had employment goals prescribed on the treatment plan or identified in the case management plan (CRR Q34, CRR Q35), all individuals received employment services and supports that were in alignment with their employment needs or goals (CRR Q41).
- Responses from staff about challenges individuals face in finding and maintaining employment included physical health and mental health barriers, attendance issues, medication side effects, lack of transportation, and motivation and desire (SII Q46) (see Figure 6).

**Figure 6:** Employment Challenges Faced by Individual



- Staff identified 10 individuals as having received employment related services in the past 12 months (SII Q50). For the 10 individuals identified by staff, the provided services identified by staff were in alignment with all 10 individuals' treatment plan goals (SII Q51). For nine of



the 10 individuals, staff responded that the services were helping the individuals' progress towards their employment goals (SII Q52).

- Examples of successes and progress for individuals receiving SE or other employment related services included helping individuals maintain focus, acceptance into educational and job programs, and maintaining employment (SII Q52).
- Thirteen of 18 individuals interviewed responded that someone had explained to them how employment may or may not affect their financial benefits (CII Q64). Staff also reported that this topic had been discussed with 14 of the individuals interviewed (SII Q41).
- CLM offers supported employment services out of their offices in Derry and Salem. A Supported Employment Fidelity review was completed at CLM on July 9<sup>th</sup> and July 10<sup>th</sup>, 2019. CLM scored 112 out of a possible 125 points, which brings them into the Good Fidelity category range of a score between 100-114.

## **COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS**

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports.<sup>4</sup> Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

### **Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs**

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Eighteen individuals were scored for Quality Indicator 11. CLM received a score of 100%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
<b>Measure 11a:</b> Assessment identifies individual's related social and community integration needs and preferences	18	0
<b>Measure 11b:</b> Assessment identifies individual's related social and community integration strengths	18	0

### **Additional Results**

- The ANSA includes several domains related to social and community integration needs and strengths. All of these related areas of the ANSA were completed for all 18 individuals (CRR Q43, CRR Q44).

### **Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports**

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

Eighteen individuals were scored for Quality Indicator 12. CLM received a score of 84%.

Quality Indicator 12 consists of Measures 12a-12m. Ten individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. One individual did not have identified needs related to social supports and community integration and therefore was not applicable for Measure 12j. Individuals were scored as follows:

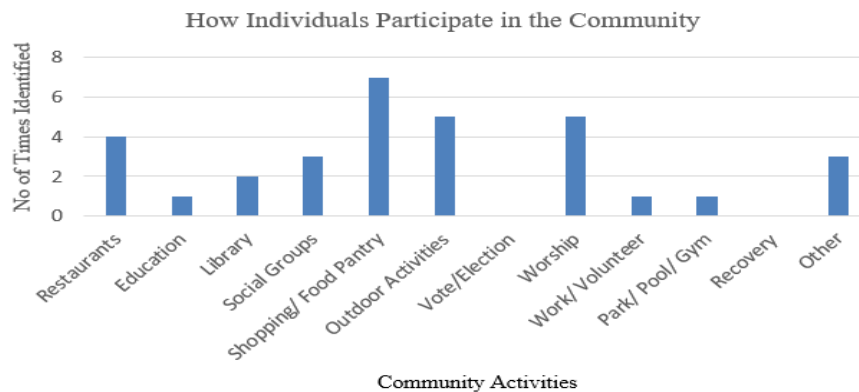
	YES	NO
<b>Measure 12a:</b> Individual is competitively employed	6	12
<b>Measure 12b:</b> Individual lives in an independent residence	18	0
<b>Measure 12c:</b> Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	7	1
<b>Measure 12d:</b> Individual is integrated in his/her community	15	3
<b>Measure 12e:</b> Individual has choice in housing	12	6
<b>Measure 12f:</b> Individual has choice in his/her treatment planning, goals and services	18	0

<b>Measure 12g:</b> Individual has the ability to manage his/her own schedule/time	18	0
<b>Measure 12h:</b> Individual spends time with peers and /or family	17	1
<b>Measure 12i:</b> Individual feels supported by those around him/her	17	1
<b>Measure 12j:</b> Efforts have been made to strengthen social supports if needed	7	10
<b>Measure 12k (OCR Q7):</b> Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	16	2
<b>Measure 12l (OCR Q11):</b> Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	17	1
<b>Measure 12m (OCR Q13):</b> Services are adequate to live in the most integrated setting	18	0

### **Additional Results**

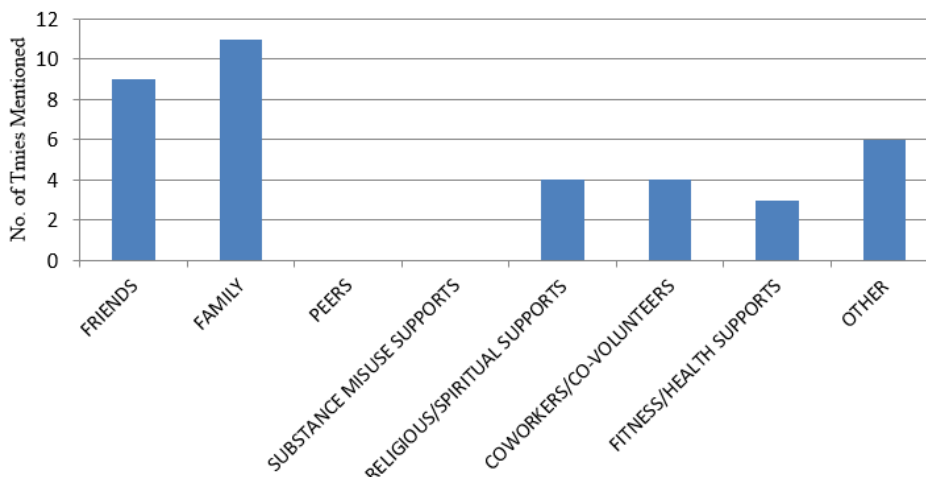
- During the interview, individuals are presented with a list of examples of activities that people may engage in when they are part of the community. Activities include shopping, visiting a food pantry, going to the library, eating in restaurants, visiting parks, participating in outdoor community activities, city meetings, local recovery meetings, or places of worship, taking classes or taking part in clubs or organizations in their community. Individuals are then asked to think about the activities mentioned or any other activities that were brought to mind, and share how the individual is a part of their community. Three of 18 individuals were not able to identify any community activities in which they participated (CII Q104), while staff responded that 17 of 18 individuals were integrated into their community (SII Q63). Fifteen individuals reported a variety of community activities in which they participated (CII Q104) (see Figure 7). Some of the more specific activities that were categorized as “other” were online social media communities, visiting the cemetery, and visiting friends and loved ones in other communities.

**Figure 7: Identified Community Activities**



- Seventeen of 18 individuals were able to identify at least one natural support with whom they spend time, with family and friends being the most frequently mentioned supports (CII Q98). Of the six individuals who were employed (CII Q47), four individuals identified spending time with people from work to support their recovery (CII Q98) (see Figure 8).

**Figure 8: Identified Natural Supports**



- Two individuals did not feel that they had an adequate support system (CII Q101) and neither individual felt that CLM was helping them to improve their support systems (CII Q102).
- All individuals were able to identify someone, aside from CMHC staff, that they go to for support (CII Q96). All individuals were able to identify people in their lives who help support them with their treatment and mental health recovery (CII Q99). Five individuals did not feel that family, friends, and/or community give them enough support with their treatment and mental health recovery or reported that family, friends, and/or community “somewhat” provide enough support (CII Q100).

- Nine of 18 individuals reported that they had been given information about services and supports available to them in the community (CII Q105).
- Individuals are asked about peer related services they are aware of or may have utilized during the past year. Three individuals reported utilizing peer specialist services at the CMHC (CII Q107). Thirteen individuals were aware of peer support agencies (CII Q109), and six had accessed the peer support agencies in the past year (CII Q110). Staff reported that seven individuals had used peer support services, whether at CLM, at a peer support agency, or any other type of peer services within the past year (SII Q69). Staff indicated that 11 individuals been informed about peer support agencies and staff were not sure if seven individuals had been informed (SII Q67). Staff stated that CLM had peer support services available for seven of 18 individuals; staff were unsure if these services were available for four individuals and stated that they were not available for seven individuals (SII Q68).
- Individuals are asked if have anything additional to share regarding their support systems (CII Q112). Most individuals felt positive about the support they had received.

“They [CLM staff] are wonderful and really supportive.”

“I don’t think I can say anything better. They [CLM staff] are top notch; 6 out of 5 stars.”

- Seventeen individuals had identified needs related to social support and community integration in the ANSA or case management assessments (CRR Q46). Nine of 17 individuals had these needs addressed by goals in their treatment plans or care plans (CRR Q48, CRR Q49). There was evidence in the clinical record of related services being provided for 16 of 17 individuals that was in alignment with identified needs (CRR Q50, CRR Q52).
- Of the eight individuals who experienced an inpatient psychiatric admission during the period under review (CRR Q67), seven individuals reported that they restarted communication with their natural support system following their discharge from the inpatient psychiatric facility (CII Q94).
- Individuals are asked several questions related to their independence and their ability to be involved in having choice and making decisions regarding their housing. Two of three individuals who had moved in the past 12 months reported they did not have an opportunity to discuss their housing preferences with staff before moving (CII Q35); all three individuals

were able to see their current housing before moving (CII Q36). Two of four individuals who were currently looking for a different place to live (CII Q37) had not had an opportunity to discuss their current housing preferences (CII Q38), but all four individuals reported that they had or would have an opportunity to see potential housing options prior to moving (CII Q39). Fourteen of 18 individuals reported that their current housing had most of the things that are important to them in housing (CII Q41).

- All 18 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- All 18 individuals reported that they are able to manage their own time and schedule (CII Q97).
- Overall, two individuals reviewed were observed to need additional services to support their achieving increased independence and integration into the community (OCR Q7). One individual was in need of several services to assist with community integration and social support. Currently the individual is receiving limited services despite clinical need, and there was an identified insurance cost barrier to receiving some services. Another individual identified not feeling a part of his/her community but was engaged in minimal services to assist with this or other needs (OCR Q8).
- Overall, one individual reviewed was observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11). The individual had multiple hospitalizations during the period under review, including hospitalizations less than 90 days apart. There was demonstrated clinical need for more frequent and more intensive services and additional services were supported by the staff.
- Overall, all individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13). All 18 individuals reviewed were living in independent residences (CII Q27, SII Q20).

## **CRISIS SERVICES AND SUPPORTS**

Crises have a profound impact on persons living with severe mental illness.<sup>5</sup> A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or

disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed his/her treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

### **Quality Indicator 13: Adequacy of Crisis Assessment**

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies individual risks, protective factors, and coping skills/interventions.

Eight individuals were scored for Quality Indicator 13. CLM received a score of 88%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 18 individuals interviewed, 10 individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client *and* the clinical record.

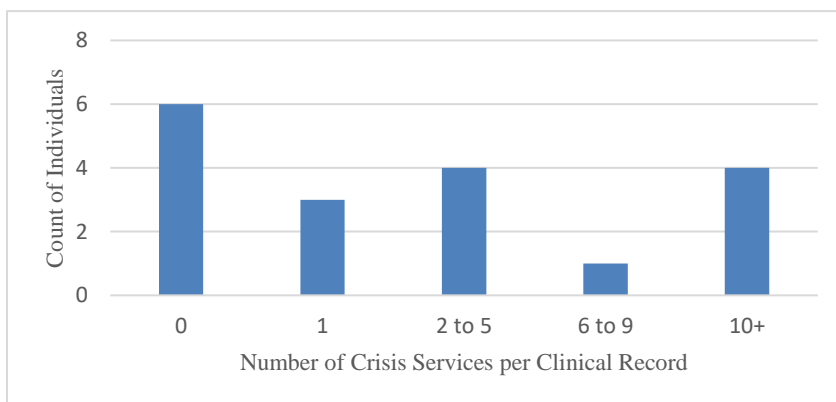
Specifically, 12 clinical records had documentation of crisis services being provided (CRR Q55) and eight individuals endorsed receiving crisis services (CII Q69). When documentation and endorsements were analyzed in the CII and CRR, eight individuals could be scored. Some of the additional results below include data from individuals who were not scored, and are offered to provide CLM with additional information. Individuals were scored as follows:

	YES	NO
<b>Measure 13a:</b> Crisis assessment was timely	7	1
<b>Measure 13b:</b> Risk was assessed during crisis assessment	6	2
<b>Measure 13c:</b> Protective factors were assessed during crisis assessment	7	1
<b>Measure 13d:</b> Coping skills/interventions were identified during crisis assessment	8	0

## **Additional Results**

- Documentation in the clinical record indicated that four individuals received 10 or more crisis services in the period under review (CRR Q56) (see Figure 9).

**Figure 9:** Crisis Services Received by all 18 Individuals in Period Under Review



- Seven of eight individuals who endorsed receiving crisis services responded that during a crisis they were “always” or “most of the time” able to get help quickly enough from CLM (CII Q75).
- Documentation of risk assessment was found in seven of 12 crisis notes reviewed (CRR Q57). Documentation that protective factors and coping skills had been assessed were found in nine of 12 crisis notes reviewed (CRR Q57).
- Six of eight individuals who endorsed receiving crisis services responded that CLM staff helped them manage while experiencing a crisis (CII Q71).

## **Quality Indicator 14: Appropriateness of Crisis Plans**

Quality Indicator 14 corresponds to CMHA section VII.D.1. An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

Eighteen individuals were scored for Quality Indicator 14. CLM received a score of 97%.

Quality Indicator 14 consists of Measure 14a and Measure 14b.

	YES	NO
<b>Measure 14a:</b> Individual has a crisis plan that is person-centered	17	1

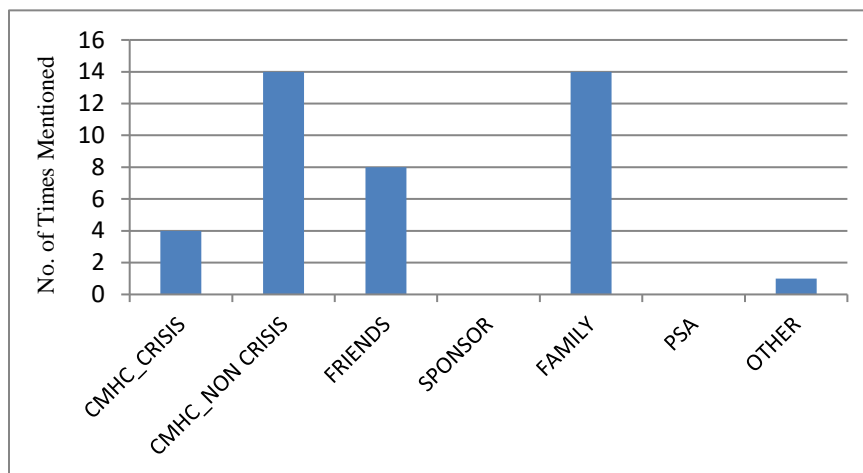


<b>Measure 14b:</b> Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	18	0
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### **Additional Results**

- Seventeen of 18 individuals had crisis plans in their clinical records that were specific to the individual (CRR Q53, CRR Q54).
- Individuals were asked an open-ended question, who they could call if having a mental health crisis. The most common response made by individuals was non-crisis CMHC staff and family (CII Q66). Responses were coded using the following categories in Figure 10.

**Figure 10:** Who the Individual Could Call if Having a Mental Health Crisis



### **Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery**

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

For an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

Eight individuals were scored for Quality Indicator 15. CLM received a score of 81%. Quality Indicator 15 consists of Measures 15a-15e. Of the 18 individuals interviewed, 10 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, 12 clinical records had documentation of crisis services being provided (CRR Q55). Eight individuals endorsed receiving crisis services (CII Q69). Eight staff endorsed individuals having received crisis services (SII Q53). When documentation and endorsements were analyzed for the CII, SII, and CRR, eight individuals could be scored. Some of the additional results included below include data from individuals who were not scored to provide CLM with more helpful information. As CLM does not have a mobile crisis team, all individuals were considered not applicable for Measure 15d. Individuals were scored as follows:

	YES	NO
<b>Measure 15a:</b> Communication with treatment providers during crisis episode was adequate	7	1
<b>Measure 15b:</b> Communication with individual during crisis episode was adequate	6	2
<b>Measure 15c:</b> Crisis service delivery is sufficient to stabilize individual as quickly as practicable	6	2
<b>Measure 15d:</b> Crisis interventions occur at site of the crisis (if applicable)	0	0
<b>Measure 15e:</b> Individual was assisted to return to his/her pre-crisis level of functioning	7	1

### **Additional Results**

- Individuals who endorsed receiving crisis services were also asked what would have been more helpful, if anything, regarding the crisis services they received (CII Q77). Responses included receiving better assistance, being offered new suggestions and interventions that they had not already known and tried, and having someone available to talk to when not experiencing an actual crisis.
- Crisis services were typically provided by CLM emergency services staff rather than staff who have a role in the individuals' treatment (SII Q58).
- Seven of eight staff who endorsed individuals having received crisis services responded they received notification from a treatment provider (rather than directly from the individual, family, or friend) or were the direct provider of the crisis service themselves (SII Q56). All

staff received notification within 24 hours (SII Q56). All staff responded they received all of the information needed regarding the crisis episode (SII Q57).

- Seven of eight individuals who endorsed receiving crisis services during the period under review responded they felt supported by staff (CII Q72).
- Six of eight individuals responded that staff “always” or “most of the time” explained things in a way that they understood during a crisis (CII Q73).
- Six of eight individuals responded that they “always” or “most of the time” felt that they had been able to get all the crisis/emergency supports and services they needed (CII Q74).
- Seven of eight individuals who endorsed receiving crisis services responded that during a crisis they were “always” or “most of the time” able to get help quickly enough from CLM (CII Q75).
- Documentation that the individual remained in the home/community setting following the most recent crisis service was found in 11 of 12 crisis notes reviewed (CRR Q57).
- The four individuals who had received 10 or more crisis services during the period under review (CRR Q56) collectively experienced seven inpatient psychiatric admissions (CRR Q68).
- Of the eight individuals who endorsed receiving crisis services during the period under review, six individuals responded the crisis services received “always” or “most of the time” helped them to feel like they did before the crisis (CII Q76).
- Seven of eight staff responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q59). All 12 crisis service notes reviewed included the plan for the individual following the crisis service (CRR Q57).
- Individuals are asked if they had anything additional to share regarding crisis services at CLM (CII Q82) and one or more individuals reported the following:

“I think they handle crisis in a human way. They are civilized in the way they handle things. They are educated people the way they handle violence and crisis in peoples’ lives.”

“I think they’re being very courteous and I haven’t met anyone I don’t like there. They all work very hard and are very helpful.”

## ACT SERVICES AND SUPPORTS

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Direct comparisons to the ACT sample are not made within this report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 6: ACT vs. Non-ACT Indicator Scores.

### Quality Indicator 16: Adequacy of ACT Screening

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Eighteen individuals were scored for Quality Indicator 16. CLM received a score of 100%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
<b>Measure 16a:</b> ACT screening was completed	18	0

<b>Measure 16b:</b> Individual receives ACT services when appropriate	18	0
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### **Additional Results**

- CLM staff demonstrated sufficient knowledge regarding ACT criteria, the referral process at CLM, and how ACT would or would not benefit the individuals based on their level of functioning, diagnosis, history of hospitalization, and other factors (SII Q10, SII Q12).
- All individuals had been screened for ACT (CPD Q16, CRR Q58).
- All individuals who met ACT criteria were on ACT (SII Q11, SII Q13). Of the 18 individuals reviewed, six met ACT criteria (SII Q11).

### **Quality Indicator 17: Implementation of ACT Services**

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual's ACT team collaborates with community providers/support systems. Unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of individuals. ACT services may be titrated when an individual needs more or fewer services.

For the purposes of Quality Indicator 17, the QSR looks at ACT service delivery at an individual level rather than looking at each component of the ACT program the way an ACT Fidelity Review does.

Six individuals were scored for Quality Indicator 17. CLM received a score of 83%. Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 18 individuals interviewed, 12 individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
<b>Measure 17a:</b> ACT services are delivered at appropriate intensity, frequency, and duration	4	2
<b>Measure 17b:</b> ACT services are provided using a team approach	5	1
<b>Measure 17c:</b> ACT services are received in the home/community	5	1

<b>Measure 17d:</b> ACT team collaborates with community providers/support systems	6	0
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### **Additional Results**

Six individuals were receiving ACT services. Data from the clinical records regarding ACT services were gathered for each individual based upon an average of the four complete weeks preceding the QSR review, not including the most recent week:

- Four individuals received an average minimum of 85 minutes of services with their ACT Team during each of the four complete weeks prior to the QSR; two individuals did not (CRR Q63).
- One individual had an average of three or more total contacts with ACT Team staff per week during each of the four complete weeks prior to the QSR; five individuals did not (CRR Q64).
- All six individuals responded they received “all” the ACT services they needed from their ACT Team (CII Q21).
- All six individuals responded they saw their ACT staff as often as they felt was needed (CII Q25).
- Five of six individuals had contact with an average of more than one different ACT Team staff during each of the four complete weeks prior to the QSR (CRR Q62).
- All six individuals received 60% or more of their ACT services in the community (CRR Q65).
- Successful ACT teams have several specific positions/specialties, including a psychiatrist or APRN, psychiatric nurse, employment specialist, master’s level clinician, substance abuse specialist, a team leader, and a peer specialist. At the time of the QSR review, CLM’s ACT Team had greater than 70% of these specific/specialty ACT positions filled (CRR Q66).
- Staff endorsed that they had collaborated with community providers and/or individuals’ support systems on behalf of all six individuals (SII Q18). Staff identified collaborating with a variety of providers and community agencies and support people, including parents and guardians, employers, and medical providers.
- Center for Life Management underwent an Assertive Community Treatment (ACT) Fidelity review on March 17<sup>th</sup> and March 18<sup>th</sup>, 2020. Out of a possible 140 total score, CLM scored a

115 which brings them to the Full Implementation category range of a score between 113-140. Agencies are required to develop Quality improvement plans for all items scoring a 3 or less. The agency then chooses three items to begin focusing upon, and as these items are completed more are chosen as focus areas. CLM has a total of seven items in this score range. CLM scored a 5 on Small Caseload, Program Meeting, Practicing ACT Leader, Staff Capacity, Nurse on Team, Explicit Admission Criteria, Intake Rate, Full Responsibility for Services, Responsibility for Hospital Discharge Planning, No Dropout Policy, Assertive Engagement Mechanisms, Dual Disorders Model, Role of Consumers on Team. As an agency, the items that CLM scored the lowest on were Co-occurring Disorder Treatment Groups and Vocational Specialist on Team. Currently, CLM is focusing on Vocational Specialist on Team, Responsibility for Hospital Admissions, and Work with Informal Support System in their quality improvement plan.

## **TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS**

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are interrelated with other QSR quality indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

### **Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility**

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

Eight individuals were scored for Quality Indicator 18. CLM received a score of 73%. Quality Indicator 18 consists of Measures 18a-18g. Of the 18 individuals interviewed, 10 individuals were considered not applicable for Indicator 18 because they did not have an inpatient psychiatric admission during the period under review or an inpatient psychiatric admission during the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, eight clinical records had documentation of an inpatient psychiatric admission

during the period under review (CRR Q67). Eight individuals endorsed an inpatient psychiatric admission during the period under review and eight staff endorsed an inpatient psychiatric admission during the period under review. When documentation and endorsements were analyzed for the CII, SII, and CRR, only eight individuals could be scored. Individuals were scored as follows:

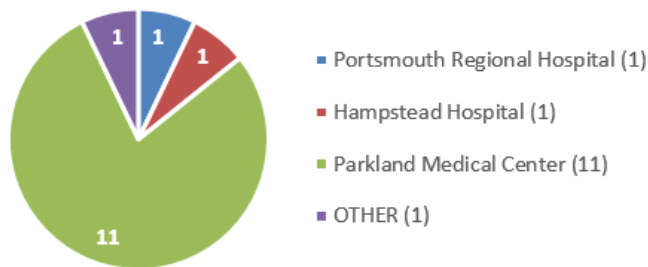
	YES	NO
<b>Measure 18a:</b> Individual was involved in the inpatient psychiatric facility discharge planning process	7	1
<b>Measure 18b:</b> In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	4	4
<b>Measure 18c:</b> Individual returned to appropriate housing following inpatient psychiatric discharge	6	2
<b>Measure 18d:</b> Service provision following inpatient psychiatric discharge has the outcome of increased community integration	6	2
<b>Measure 18e:</b> Coordination of care was adequate during inpatient psychiatric admission/discharge	6	2
<b>Measure 18f:</b> Absence of 90 day readmission to an inpatient psychiatric facility	5	3
<b>Measure 18g (OCR Q11):</b> Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	7	1

### **Additional Results**

- According to the clinical record, 14 inpatient admissions occurred during the period under review. Of the eight individuals who experienced a psychiatric admission, two individuals had three distinct admissions, two individuals had two distinct admissions, and four individuals had one distinct admission (CRR Q68).
- None of these admissions were at New Hampshire Hospital, and eleven of the admissions were at Parkland Hospital which is in the same town and catchment area as the CMHC and assists in keeping individuals within their community (CRR Q69) (see Figure 11).

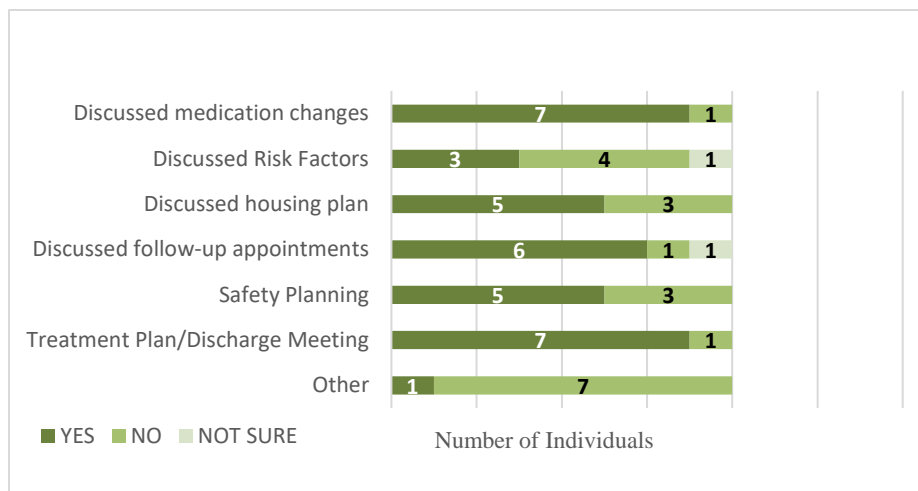


**Figure 11: Inpatient Psychiatric Admissions**



- All eight individuals who endorsed an inpatient psychiatric admission during the period under review reported being involved in their discharge planning (CII Q85), and evidence of client involvement in discharge planning was found in seven of eight clinical records (CRR Q76). Those individuals that endorsed being involved in their discharge planning process identified having participated in the following activities to plan their return home (CII Q85) (see Figure 12).

**Figure 12: Individual's Involvement in Discharge Planning**



- In-reach and communication between CLM and the psychiatric facility and/or individual occurred for four of eight individuals who had experienced an inpatient psychiatric admission (CRR Q71, CRR Q72, CII Q89, SII Q74).
- Four of eight individuals who endorsed an inpatient psychiatric admission reported being satisfied with where they returned to live upon discharge; four individuals were not satisfied or somewhat satisfied with where they returned to live (CII Q91). Seven of eight individuals returned to housing that was appropriate (CII Q92, SII Q71). One individual stated he/she was discharged into unstable housing or homelessness (CII Q90).

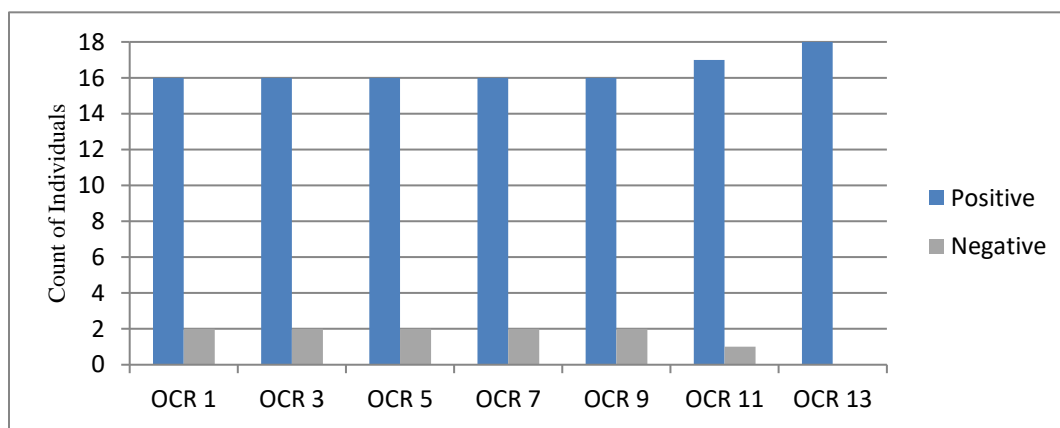
- No individuals who endorsed an inpatient psychiatric admission during the period under review recalled talking with a community provider about services in the community prior to discharge (CII Q83). Six individuals reported they had not spoken with a community provider about services in the community, and two individuals were “not sure” whether a conversation had occurred.
- Three of eight individuals who endorsed an inpatient psychiatric admission during the period under review felt that their discharge plans and preferences had not been responded to or included in their plans when leaving the facility (CII Q87).
- Staff reported that all eight individuals who experienced an inpatient psychiatric admission resumed contact with natural supports upon the individual’s return home (SII Q72).
- One of eight individuals who endorsed an inpatient psychiatric admission during the period under review felt that returning home after his/her discharge significantly disrupted his/her normal routine (CII Q93 and CII Q95). This individual reported having lost his/her job as a result of the admission and experienced additional financial burdens (CII Q93, SII Q75).
- The clinical record contained discharge instructions for all eight individuals who experienced an inpatient psychiatric admission during the period under review (CRR Q70); staff endorsed that five of eight individuals had appointments with CLM scheduled prior to discharge (SII Q73), and according to the clinical record, seven of eight individuals attended an appointment with CLM within seven days of discharge (CRR Q73). The amount of time between discharge and the individual’s first appointment with CLM ranged from the same day as discharge to 15 days from discharge.
- According to the clinical record, three of the eight individuals who had an inpatient psychiatric admission during the period under review had a readmission within 90 days (CRR Q69).
- Overall, one individual who experienced an inpatient admission was observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11). The individual had multiple hospitalization in the period under review, including readmissions within 90 days of discharge, and demonstrated a need for more frequent and intensive services which was also supported by staff.

## Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 7: Overall Client Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes and, when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview, and/or the staff interview. Additionally, clients are asked about their overall satisfaction with the CMHC and if they have anything additional to add to their interview responses (CII Q113, CII Q114).

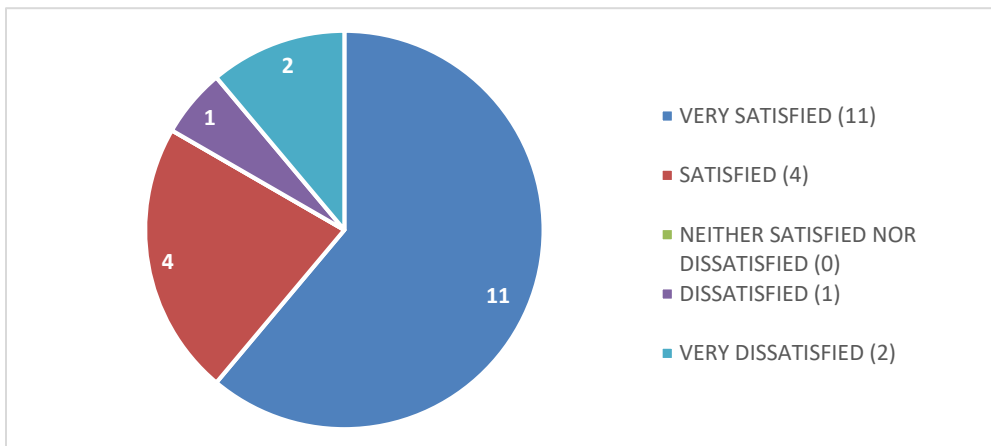
Of the 18 individuals reviewed, three individuals did not achieve one or more of the OCR outcomes (see Figure 13). Of the three individuals not achieving an OCR outcome, none were on ACT.

**Figure 13: Overall Client Review Results**



The majority of individuals were satisfied with the services they were receiving (CII Q113) (see Figure 14).

**Figure 14: Overall Client Satisfaction**



Individuals are asked if there is anything additional they want to share regarding their experiences with the CMHC and the services they’ve received (CII Q114). Most had nothing to add, or generally felt services had been good.

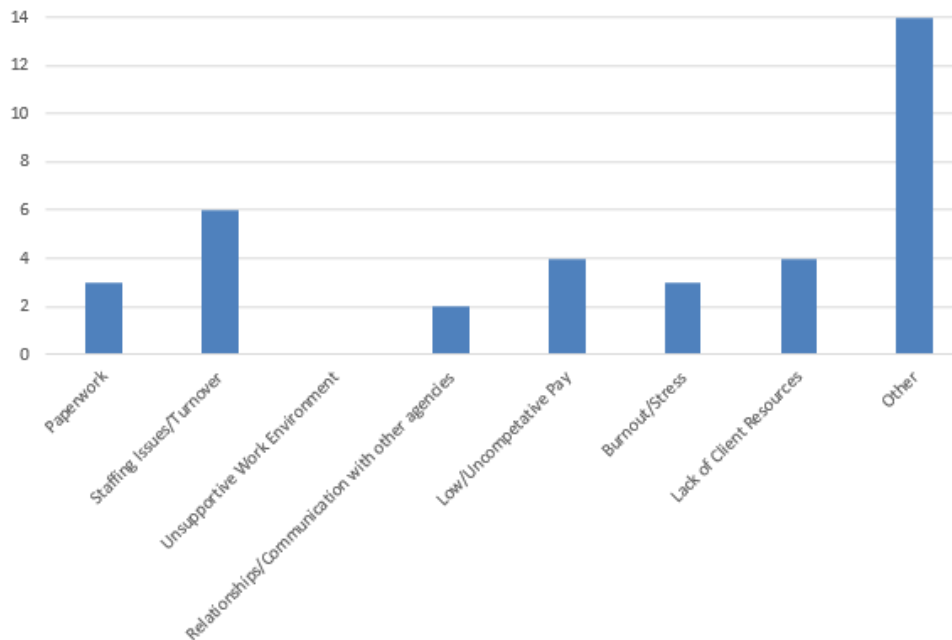
“They do a really good job. Especially with COVID, they are doing a great job adapting. They are always there if I need them, and we are working towards the same goal.”

## **CLM STAFF FEEDBACK SECTION**

Staff are asked several questions regarding the overall challenges and positive aspects of working at the mental health center as well as their thoughts and opinions regarding the mental health delivery system in the State of New Hampshire (SII Q84, SII Q85, SII Q86).

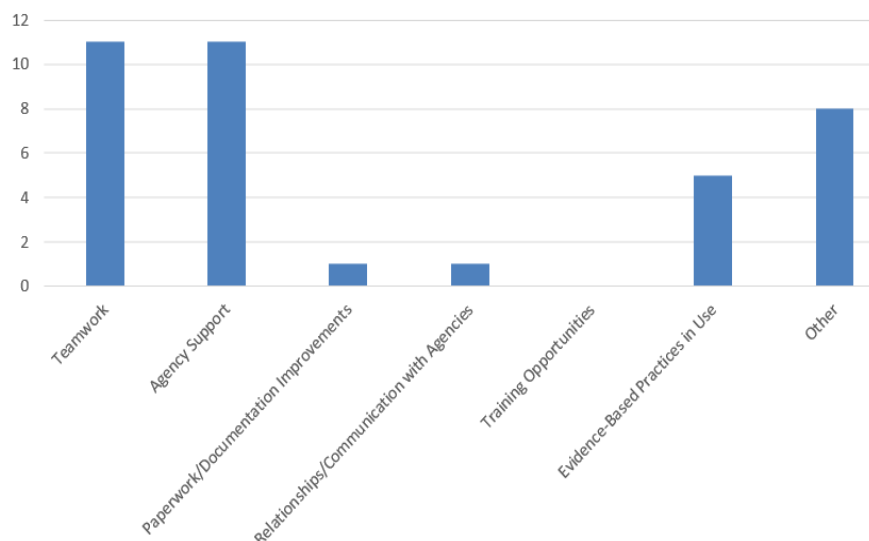
Staff are asked about the barriers, challenges, and gaps they may face at CLM (SII Q84). Some challenges mentioned were barriers to service eligibility, low pay, too much paperwork, and staffing issues. One or more staff mentioned how all barriers have been compounded by the impact of COVID-19 on mental health and service delivery (see Figure 15).

**Figure 15: CLM Barriers, Challenges, Gaps**



Regarding what is working well at CLM and the services provided to individuals (SII Q85), staff mentioned teamwork and flexibility. Several people mentioned the dedication and passion that staff at CLM have. CLM staff responded that they have done a good job delivering services despite the pandemic. Additionally, it was reported that some of the newer administration has really helped with communication and breaking down silos (see Figure 16).

**Figure 16: “What’s Working Well at CLM”**



When asked more generally about the mental health delivery system in New Hampshire, one or more staff identified the lack of available services, most specifically housing and transportation, as well as the boarding of patients in emergency departments due to a lack of inpatient mental health hospital beds as areas in need of improvement. The statewide issue with staffing and turnover was also mentioned by several staff, with low pay named as a contributing factor (SII Q86).

## ***VI. CMHA Substantive Provisions***

New Hampshire's CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the CLM's achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the QSR, ACT fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

### **1. Crisis Services Outcomes**

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
  - i. **Conclusion:** CLM met this provision as evidenced by Measure 15e where seven of eight individuals (88%) who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
  - i. **Conclusion:** CLM met this provision as evidenced by a score of 94% for the Crisis domain and OCR Q11, where 17 of 18 individuals reviewed (94%) were determined to be receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts.

### **2. ACT Outcomes**

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.

- i. Compliance with Provision V.D.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
- ii. **Conclusion:** CLM met this provision as evidenced by the following:
  - 1. For Quality Indicator 3: Adequacy of Individual Service Delivery and those individuals receiving ACT services, CLM scored 100%.
  - 2. A score of 83% for Quality Indicator 17: Implementation of ACT Services.
  - 3. All six individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).
  - 4. All six individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
  - 5. All six individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.
  - i. Compliance with Provision V.D.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
  - ii. **Conclusion:** CLM met this provision as evidenced by the following:
    - 1. Those receiving ACT services had a total average score of 99% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
    - 2. All six individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).

3. All six individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
  4. All six individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).
  - c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.
    - i. **Conclusion:** CLM met this provision as evidenced by an average score of 100% for the Crisis domain for individuals receiving ACT services.
3. **Supported Housing Outcomes**
- a. **Provision V.E.1** - Supported housing meets individuals' needs.
    - i. **Conclusion:** CLM met this provision as evidenced by a score of 94% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 85% for Quality Indicator 6: Adequate Individual Housing Service Delivery.
  - b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.
    - i. **Conclusion:** CLM met this provision as evidenced by a score of 88% for the Housing domain and OCR Q9, where 16 of 18 individuals reviewed (89%) received services adequate to obtain and maintain stable housing.
4. **Supported Employment Outcomes**
- a. **Provision V.F.1 (part 1)** - Provide supported employment services consistent with the Dartmouth evidence-based model.
    - i. **Conclusion:** CLM met this provision as evidenced by the Supported Employment Fidelity Review in July 2019. CLM underwent a Supported Employment Fidelity review on July 9<sup>th</sup> and 10<sup>th</sup>, 2019. Out of a possible total score of 125, CLM scored 112, which brings them to the Good Fidelity category range of a score between 100-114.
  - b. **Provision V.F.1 (part 2)** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.



- i. **Conclusion:** CLM met this provision as evidenced by a score of 82% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

## 5. Family Support Programs Outcome

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.

- i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region X.

1. In SFY20, NAMI NH provided a variety of support groups including:

- NAMI NH Derry Family Support Group for those with an adult loved one living with mental illness. This group meets twice a month with an average monthly attendance of 16 people. Groups transitioned to a virtual platform at the end of the fiscal year due to the pandemic.
- NAMI NH Parent/Caregiver Support Group for those raising a child with serious emotional disturbance (SED). This group is offered via a virtual platform.
- Connection Peer Support Group for consumers. This group is offered via a virtual platform.
- Two Facebook Support Groups: one for parents/caregivers of youth with serious emotional disturbance with a total of 666 members, of whom 162 were new members during the reporting period, and one for family members with an adult loved one living with mental illness with a total of 1,200 members, of whom 492 were new to the group during the reporting period. While it is difficult to ascertain exactly how many members live in each town, NAMI NH is aware that there are members who reside in Region X.

2. NAMI NH provided one-to-one support to a total of 11 Region X families in SFY20: four families with an adult loved one living with mental illness, and nine families with children with serious emotional disturbance.
3. NAMI NH responded to 39 Information and Resource contacts in SFY20.

## 6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.
- i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services that On the Road to Wellness (OTRTW) provides in Region X.
1. OTRTW is the peer support agency serving the catchment area of Center for Life Management with offices located in Derry. Peer supports and services include: individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, Wellness Recovery Action Plan training, monthly newsletters, fundraising, educational events, and assistance with educational and vocational pursuits. In SFY20, OTRTW offered the following groups and educational events:
- Cooking group
  - Dietary advice
  - Difficult emotions
  - WRAP topics
  - Dual recovery
  - Men's group
  - Women's group
  - Art group
  - IPS topics
  - Anxiety and depression
  - TED talks
  - Journaling
  - WHAM goals
  - Writing group
  - Difficult conversations

- Self-compassion
  - Jewelry workshop
  - Walking group
  - Financial advice
  - Relaxation
  - Nutrition group
2. For SFY20, various OTRTW staff were trained in Intentional Peer Support, and Wellness Recovery Action Planning.
  3. OTRTW had 73 unique members/participants attend during the fiscal year with an average daily attendance of six.
  4. OTRTW received 782 calls for peer support and made an additional 100 outreach calls.
  5. Six of 18 individuals interviewed stated they had utilized a peer support agency in the past 12 months (CII Q110).

## 7. Community Integration Outcome

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
  - i. Compliance with Provision IV.B. and VII.A is based on Measure 3b: Service Delivery is flexible to meet individual's changing needs and goals; Measure 7a: Housing Supports and services enable individual to meet/progress towards identified housing goals; Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
  - ii. **Conclusion:** CLM met this provision as evidenced by:
    1. The average of individuals who scored "Yes" for Measure 3b (15 of 18), individuals received services that were flexible to meet their changing needs and goals, and Measure 7a (13 of 18), individuals received housing supports and

services to enable them to meet/progress toward their identified housing goals, was 78%.

2. For Quality Indicator 12, CLM scored 84%.
3. Sixteen of the 18 individuals reviewed (89%) received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
4. Seventeen of 18 individuals reviewed (94%) received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
5. All 18 individuals reviewed (100%) received adequate services to live in the most integrated setting (OCR Q13).

#### **8. Health, Safety and Welfare Outcome**

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.
  - i. **Conclusion:** CLM met this provision as evidenced by an average score of 87% for the seven domains and OCR Q5, with 16 of 18 individuals (89%) receiving all of the services and supports they need to ensure health, safety, and welfare.

#### **9. Obtain and Maintain Stable Housing Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
  - i. **Conclusion:** CLM met this provision as evidenced by a score of 88% for the Housing domain.

#### **10. Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
  - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q69), the Crisis domain, and OCR Q11.

- ii. **Conclusion:** CLM did not meet this provision as evidenced by three of eight individuals who experienced an inpatient psychiatric admission (38%) were re-hospitalized within 90 days (CRR Q69). To meet this provision, the percentage of individuals who are re-hospitalized within 90 days must be at or below 30%. All other data points relevant to this provision are as follows:
1. For the Crisis domain, CLM received a score of 94%.
  2. Seventeen of 18 individuals (94%) received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

## ***VII. Areas in Need of Improvement***

CLM scored above the 80% threshold for 16 of the 18 quality indicators. Based on the QSR data, the following two quality indicators scored below the 80% threshold and are identified for incremental improvement over the next year:

1. *Increase the percentage of individuals receiving adequate employment assessments/screenings* (Quality Indicator 8).
2. *Increase the percentage of individuals transitioning successfully from inpatient psychiatric facilities* (Quality Indicator 18).

For additional information and data related to these areas in need of improvement, please reference Section V. “CENTER FOR LIFE MANAGEMENT QSR Findings” and the “Additional Results” listed under the respective quality indicator.

## ***VIII. Next Steps***

Within 30 calendar days of receipt of this final report, CLM is to complete and submit the DHHS Quality Improvement Plan (QIP) template for review by the BMHS Program Planner and the BPQ Program Planning and Review Specialist.

## ***IX. Addendum***

During a 15-day review period, CLM had an opportunity to review the QSR initial report and submit corrections and/or information for DHHS’s consideration prior to the issuance of this final report. CLM submitted no further information or corrections applicable to this report.

## ***References***

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1. SAMHSA, Person- and Family-Centered Care and Peer Support, (2017, January 20). Retrieved from <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>
2. Bureau of Mental Health Services, COVID-19 Emergency Guidance #2 (Revised) – Waiver/Non-Enforcement of He-M 300 and He-M 400 Client Signature Requirements, (2020, April 3). Retrieved from <https://www.dhhs.nh.gov/dcbcs/bbh/documents/bmhs-guidance-for-signature-waivers.pdf>
3. 28 C.F.R., Part 35, Section 130 and Appendix A
4. Temple University Collaborative on Community Inclusion, “Natural Supports”, <http://tucollaborative.org/wp-content/uploads/2017/04/Natural-Supports-Developing-a-Personal-Support-System.pdf>
5. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”, Rockville, Maryland, SAMHSA 2009

## ***Appendices***

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### **Appendix 1: List of CMHC QSR Instruments**

#### **1. Client Profile-CMHC**

A Client Profile is completed by the CMHC prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know that will help make the interview successful.

#### **2. Client Profile-DHHS**

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

#### **3. CMHC Profile**

The CMHC Profile is completed by the CMHC prior to the start of the on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

#### **4. Clinical Record Review (CRR)**

A CRR is completed by the QSR review team, either remotely or during the on-site portion of the QSR, for each individual scheduled to be interviewed. The CRR includes domains on assessment and treatment planning, provision of services and supports, ACT, job related services, housing supports, crisis services, natural supports, and transitions from Glencliff Home or inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. An individual may be accompanied by his/her guardian or someone else that the individual has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites individuals to share additional information about their experiences at the CMHC and the services they received.

6. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. Final questions invite staff to share additional information regarding the CMHC and the services provided to the individual.

7. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and the staff interview.



## Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a									1b									1c			1d			
			Adequacy of Assessment	Assessments identify individual's needs and preferences										Assessments identify individual's strengths						Assessment information was gathered through face to face appointment(s)			Assessments and TX plans have adequately identified service needs					
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3		
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO		
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO		
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO		
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES		
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO		
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO		
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N	4	2		4Y/2N	5	1	1 YES=				
			NonACT= 75%																					5 No=				
			ACT= 83%																									

### Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing

- |    |   |
|----|---|
| 7  | Effectiveness of the housing services provided (CMHA VII.A)                                       |
| 7a | Housing Supports and services enable individual to meet/progress towards identified housing goals |
| 7b | Housing supports and services enable individual to maintain safe housing                          |
| 7c | Housing supports and services enable individual to maintain stable housing                        |
| 7d | Housing supports and services enable individual to be involved in selecting their housing         |
| 7e | OCR Q9 Services are adequate to obtain and maintain stable housing                                |

#### EMPLOYMENT SERVICES AND SUPPORTS

- |     |  |
|-----|--|
| 8   | Adequacy of employment assessment/screening (CMHA VII.D.1)   |
| 8a  | Individual needs are adequately identified   |
| 8b  | Individuals received a comprehensive assessment of employment needs and preferences when applicable.                                     |
| 9   | Appropriateness of employment treatment planning (CMHA V.F.1)  |
| 9a  | Treatment plans are appropriately customized to meet the individual's changing needs and goals   |
| 10  | Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4)   |
| 10a | Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing needs employment needs |
| 10b | Employment Services and supports are meeting individual's goals  |

#### COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- |     |   |
|-----|---|
| 11  | Adequacy of Assessment of social and community integration needs (CMHA VII.D.1)   |
| 11a | Assessment identifies individuals' related needs and preferences  |
| 11b | Assessment identifies individuals' related strengths  |
| 12  | Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4) |
| 12a | Individual is competitively employed  |
| 12b | Individual lives in an independent residence  |
| 12c | Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility                                  |
| 12d | Individual is integrated in his/her community   |
| 12e | Individual has choice in housing  |
| 12f | Individual has choice in their treatment planning, goals and services   |
| 12g | Individual has the ability to manage his/her own schedule/time  |
| 12h | Individual spends time with peers and/or family   |

12i	Individual feels supported by those around him/her
12j	Efforts have been made to strengthen social supports if needed
12k	OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration in to the community
12l	OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
12m	OCR Q13 Services are adequate to live in the most integrated setting
CRISIS SERVICES AND SUPPORTS	
13	Adequacy of crisis assessment (CMHA V.C.1)
13a	Assessment was timely
13b	Risk was assessed
13c	Protective factors were assessed
13d	Coping skills/interventions were identified
14	Appropriateness of crisis plans (CMHA VII.D.1)
14a	Individual has a crisis plan that is person centered
14b	Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
15	Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
15a	Communication with treatment providers was adequate
15b	Communication with individual was adequate
15c	Crisis service delivery is sufficient to stabilize individual as quickly as practicable
15d	Crisis interventions occur at site of the crisis (if applicable)
15e	Individual is assisted to return to his/her pre-crisis level of functioning
ACT SERVICES AND SUPPORTS	
16	Adequacy of ACT screening (CMHA VII.D.1)
16a	ACT screening was completed
16b	Individual receives ACT services when appropriate
17	Implementation of ACT Services (CMHA V.D.2.b; V.D.2.c)
17a	ACT services are delivered at appropriate intensity, frequency, and duration
17b	ACT services are provided using a team approach
17c	ACT services are routinely received in the home/community
17d	ACT team collaborates with community providers/support systems
IPA TRANSITION/DISCHARGE	

18	Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)
18a	Individual was involved in the discharge planning process
18b	There was In-reach by the community mental health center
18c	Individual returned to appropriate housing
18d	Service provision has the outcome of increased community integration
18e	Coordination of care
18f	Absence of 90 day readmission to an inpatient psychiatric facility
18g	OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization

## **Appendix 4: Agency Overview**

The Center for Life Management (CLM) was established circa 1967 as a community-based mental health provider serving the needs of children, adolescents, adults and their families. CLM is approved from September 1, 2020 through August 31, 2025 as a Community Mental Health Program per the State of New Hampshire Administrative Rule He-M 403. CLM is designated as a CMHP for Region X which encompasses 12 cities and towns within Rockingham and Hillsborough counties.

CLM offices in Derry and Salem serve adults with a severe (SMI) or severe and persistent mental illness (SPMI). CLM provides a range of services including intake assessment services, psychiatric diagnostic and medication services, psychiatric emergency services, targeted case management services, individual, group, and family psychotherapy. CLM's Evidenced Based Practices (EBPs) include Assertive Community Treatment (ACT), Supported Employment (SE), Illness Management and Recovery (IMR) and Wellness for Work vocational focused IMR groups, Integrated Dual Disorders Treatment (IDDT) for persons with co-occurring Mental Illness and Substance Use, and Dialectical Behavior Therapy (DBT). CLM offers In-SHAPE, a health mentoring and development program designed to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness. CLM participates in the Inter-agency Dual Diagnosis and Collaborative Care services with Northeast Rehab and Community Crossroads to enhance wrap around supports and to address the complex care needs of people with both mental health and intellectual disorders.

CLM has four HUD-funded programs that provide rental assistance vouchers for previously homeless individuals with mental illness or other disabling conditions. CLM oversees the Bridge Housing Program in Western Rockingham County.

CLM's Emergency Services provides psychiatric emergency assessment and outreach services at community locations and has effective collaborative relationships with the two hospitals, Parkland and Hampstead, with inpatient psychiatric capacity in the catchment area.

Parkland Medical Center (PMC) in Londonderry has an 18-bed inpatient behavioral Health Unit (BHU) including four Designated Receiving Facility (DRF) beds for adults who meet involuntary emergency admission criteria. PMC's Psychiatric Assessment and Referral Services

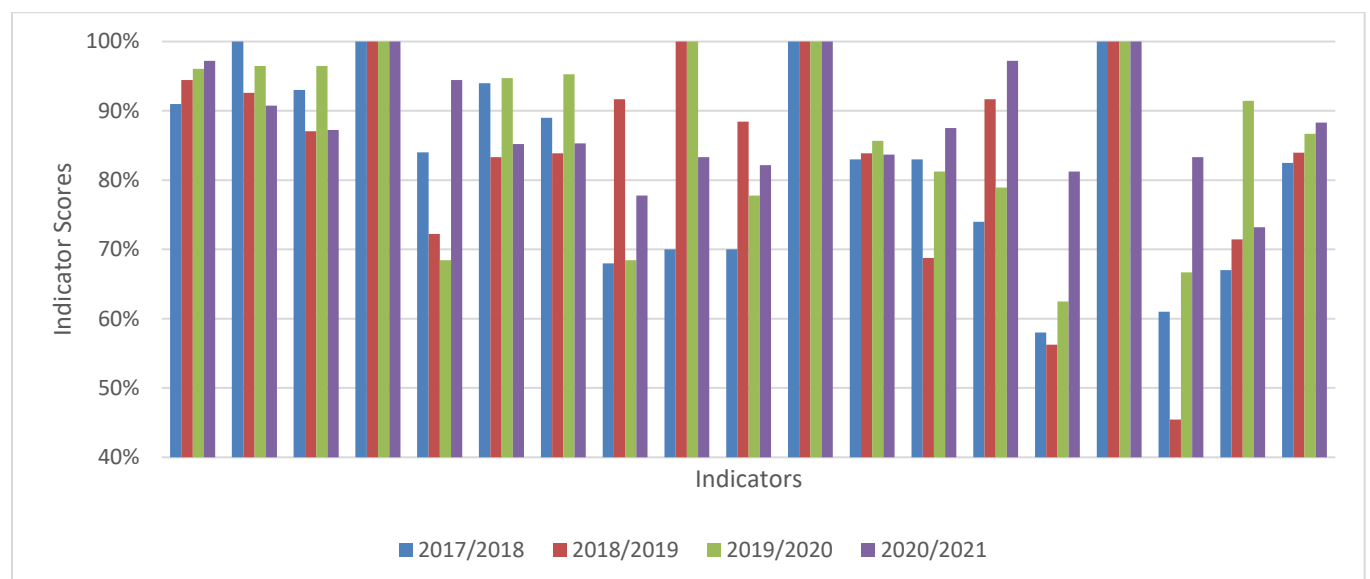
(PARS), is responsible for assessment of PMC patients in the Emergency Department (ED), BHU, and hospital-wide who present with mental health crisis. CLM works closely with PMC - PARS to coordinate care and assure continuity for our clients who receive services through PMC's ED. CLM psychiatrists maintain privileges at PMC to allow assessment and consultation as needed. CLM Emergency Services and ACT staff have access to clients in the ED to coordinate conditional discharge revocations and aftercare. CLM has procedures with PMC's ED and BHU to provide follow up care within 24 hours of discharge.

Hampstead Hospital in Hampstead is a 111 bed private psychiatric and chemical dependency specialty hospital. Hampstead Hospital has over 40 child psychiatric beds, including 16 DRF beds for children ages from 4-17. Hampstead Hospital has adult voluntary units specializing in mental health, developmental disabilities, and medical detox from addictive substances. CLM does crisis assessment and direct admissions to Hampstead Hospital, bypassing the Emergency Department when possible. CLM has procedures with Hampstead Hospital for communication and aftercare coordination; follow up is coordinated through Emergency Services, and clients seen within 24 hours.

## Appendix 5: Year-to-Year Comparison

Indicator	SFY 18	SFY 19	SFY 20	SFY 21	4-Year Overall Change
1. Adequacy of Assessment	91%	94%	96%	97%	6%
2. Appropriateness of treatment planning	100%	93%	96%	91%	-9%
3. Adequacy of individual service delivery	93%	87%	96%	87%	-6%
4. Adequacy of Housing Assessment	100%	100%	100%	100%	0%
5. Appropriate of Housing Treatment Plan	84%	72%	68%	94%	10%
6. Adequacy of individual housing service delivery	94%	83%	95%	85%	-9%
7. Effectiveness of Housing supports provided	89%	84%	95%	85%	-4%
8. Adequacy of employment assessment/screening	68%	92%	68%	78%	10%
9. Appropriateness of employment treatment planning	70%	100%	100%	83%	13%
10. Adequacy of individual employment service delivery	70%	88%	78%	82%	12%
11. Adequacy of Assessment of social and community integration needs	100%	100%	100%	100%	0%
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	83%	84%	86%	84%	1%
13. Adequacy of Crisis Assessment	83%	69%	81%	88%	5%
14. Appropriateness of crisis plans	74%	92%	79%	97%	23%
15. Comprehensive and effective crisis service delivery	58%	56%	63%	81%	23%
16. Adequacy of ACT Screening	100%	100%	100%	100%	0%
17. Implementation of ACT Services	61%	45%	67%	83%	22%
18. Successful transition/discharge from the inpatient psychiatric facility	67%	71%	91%	73%	6%
AVERAGE:	83%	84%	87%	88%	5%

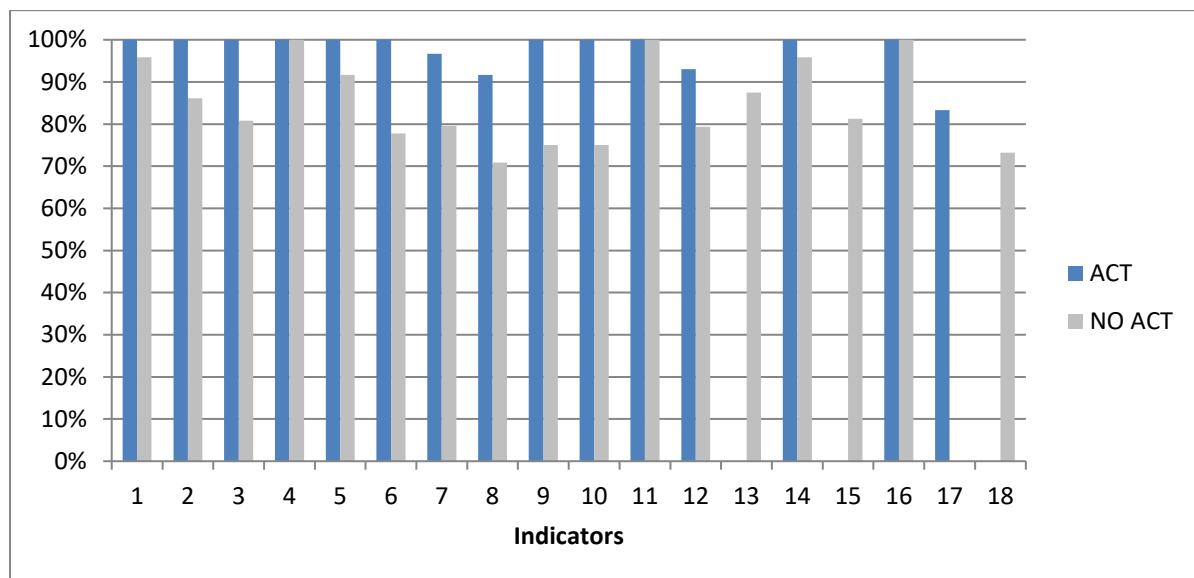
Shaded cells indicate areas that required a QIP in the corresponding year





## Appendix 6: ACT vs Non-ACT Indicator Scores

Indicator #	Total N	Indicator	ACT	ACT N	NO ACT	NO ACT N	Difference:
1	18	Adequacy of Assessment	100%	6	96%	12	4%
2	18	Appropriateness of treatment planning	100%	6	86%	12	14%
3	18	Adequacy of individual service delivery	100%	6	81%	12	19%
4	18	Adequacy of Housing Assessment	100%	6	100%	12	0%
5	18	Appropriateness of Housing Treatment Plan	100%	6	92%	12	8%
6	18	Adequacy of individual housing service delivery	100%	6	78%	12	22%
7	18	Effectiveness of Housing supports provided	97%	6	80%	12	17%
8	18	Adequacy of employment assessment/screening	92%	6	71%	12	21%
9	12	Appropriateness of employment treatment planning	100%	4	75%	8	25%
10	14	Adequacy of individual employment service delivery	100%	4	75%	10	25%
11	18	Adequacy of Assessment of social and community integration needs	100%	6	100%	12	0%
12	18	Adequacy of Integration within the Community, Choice, Independence, and Social Supports	93%	6	79%	12	14%
13	8	Adequacy of Crisis Assessment	N/A	0	88%	8	N/A
14	18	Appropriateness of crisis plans	100%	6	96%	12	4%
15	8	Comprehensive and effective crisis service delivery	N/A	0	81%	8	N/A
16	18	Adequacy of ACT Screening	100%	6	100%	12	0%
17	6	Implementation of ACT Services	83%	6	N/A	0	N/A
18	8	Successful transition/discharge from the inpatient psychiatric facility	N/A	0	73%	8	N/A



## Appendix 7: Overall Client Review (OCR)

### OVERALL CLIENT REVIEW (OCR)

The following 14 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those outcomes.

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

OCR Q1	Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No. <input type="text"/> If YES, Skip to OCR Q3
OCR Q2	What is not consistent with the individual's demonstrated need? Please provide justification for your response. <input type="text"/>
OCR Q3	Does the individual receive all the services he/she needs, and if not, have the needs at least been identified in either assessments or addressed in case management and/or treatment plans? Yes or No? <input type="text"/> If YES, Skip to OCR Q5
OCR Q4	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q5	Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No. <input type="text"/> If YES, Skip to OCR Q7
OCR Q6	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q7	Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No. <input type="text"/> If YES, Skip to OCR Q9
OCR Q8	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q9	Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No. <input type="text"/> If YES, Skip to OCR Q11
OCR Q10	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q11	Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization? Yes or No. <input type="text"/> If YES, Skip to OCR Q13
OCR Q12	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q13	Is the individual receiving adequate services to live in the most integrated setting? Yes or No. <input type="text"/> If YES, Skip to OCR Completion Tracking Chart
OCR Q14	What additional services are needed? Please provide justification for your response. <input type="text"/>